

1 World Home Care, LLC Application

Today's Date: _____

| Personal Data | | | | Email Address: _____ |
|----------------------|------------|--------|-----|----------------------|
| Last Name | First Name | Middle | SSN | |
| Home Address | City | State | Zip | |
| Home Phone | Cell Phone | Pager | | |

| Emergency Contact Information | | |
|--------------------------------------|----------|----------------------------|
| Name of Emergency Contact | Relation | Emergency Telephone Number |

Job Information

Position (Job Class) Applying for: _____ Date Available: _____

Education History

| Type of School | Name & Location of School | Last year attended | Graduated | Degree |
|----------------|---------------------------|--------------------|-----------|------------|
| High School | | 9 10 11 12 | Yes No | <i>n/a</i> |
| College | | 1 2 3 4 | | |
| College | | 1 2 3 4 | | |
| Other | | 1 2 3 4 | | |

Previous Facility Types Worked: Check All That Apply –

- Hospital
 Hospice
 Nursing Home
 Rehab
 Private Duty
 PAS/ Home Health Experience

| | |
|--|---|
| Language Skills: Other than English, please check any other languages you speak – <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Other: _____ | Check the type of assignment you are available for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Contract <input type="checkbox"/> Travel |
|--|---|

Check the days of the week you are available to work:

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday

 Holidays available to work: _____

| License Type | License/Certification # | State | Expiration Date |
|--------------|-------------------------|-------|-----------------|
|--------------|-------------------------|-------|-----------------|

If applicable, has your professional license ever been suspended, revoked or under investigation? Yes No
 If Yes, Please explain: _____

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Work Experience: List all of your work experience beginning with your most recent job. You will be asked to explain all gaps in employment. Attach additional sheet(s) if necessary.

| | |
|---|---|
| Facility/Employer Name | Date Employed From: _____ To: _____ |
| Address | Title |
| City/State/Zip Country | Name of Current Supervisor |
| Describe duties and specialty areas: | Telephone #: |
| Pay Rate/Salary: Hourly _____ Yearly _____ | May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No – If no, why? |
| Reason for leaving: | Are your employment records listed under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what name? |
| Facility/Employer Name | Date Employed From: _____ To: _____ |
| Address | Title |
| City/State/Zip Country | Name of Current Supervisor |
| Describe duties and specialty areas: | Telephone #: |
| Pay Rate/Salary: Hourly _____ Yearly _____ | May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No – If no, why? |
| Reason for leaving: | Are your employment records listed under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what name? |

Please list any other work related information you think would be helpful to us in considering you for employment, such as specialized training, certifications, additional work experience, etc.

Additional Information:

1. Are you legally authorized to work in the USA? Yes No
2. Have you ever been convicted of a felony? Yes No
3. Can you pass a pre-employment drug test? Yes No
4. How were you referred to 1 World Home Care, LLC?
 Newspaper Internet Job Fair/Open House Other: _____

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Company Employee – Name: _____

I understand that I **must** report all accidents to my immediate supervisor **and** to 1 World Home Care, LLC - - No MATTER HOW SLIGHT. Yes

I also understand that I must wear all required personal protection equipment (PPE). Yes
The penalty for not wearing PPE is disciplinary action, up to and including termination.

ACKNOWLEDGMENT

In signing this application, I certify that I have read and fully understand the agency expectations and questions asked in this application. I attest that all answers given by me are true, accurate, and complete. I also understand that the omission, concealment, or misrepresentation of any fact on this application or during any interview for employment may jeopardize my chances for employment and be cause for my immediate dismissal from employment.

I give 1 World Home Care, LLC permission to use any information in this application to enable it and its agents to verify the information contained in this application I also authorize present and former employers, educational institutions I have attended, credit agencies, all references, and any other persons to answer all questions asked by 1 World Home Care, LLC with regard to any of the subjects covered by this application. I also understand that in connection with my application for employment or my employment, 1 World Home Care, LLC may conduct a criminal background investigation and that my employment may be contingent on the results of such investigation. I release 1 World Home Care, LLC, its agents, and all affiliated entities, as well as any person or situation that provides any information about me, from any and all liability whatsoever resulting from any such investigation or the disclosure of such information. This agency will check the employee misconduct registry (EMR) maintained by DADS. As required by TAC 93.3 and Chapter 253, Texas Health and Safety Code.

In consideration of my employment and of my being considered for employment by 1 World Home Care, LLC, I agree to abide by all rules and regulations, which I understand are subject to change at any time for any reason without prior notice. I also understand that if employed, I will be an employee at will and employed for no definite period of time. I understand that either 1 World Home Care, LLC or I can terminate my employment at any time, with or without cause and with or without advance notice. I further understand that no communication, whether oral or written, by any representative of 1 World Home Care, LLC, at any time, can constitute a contract of employment. No representative or agent of 1 World Home Care, LLC, has the authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

I am willing to submit to a physical examination, including the analysis for the detection of the use of unlawful drugs or substances in accordance with the applicable laws. If I receive an offer of employment I agree that my continued employment may be contingent on the results.

I understand that 1 World Home Care, LLC is not involved in the day-to-day supervision or decision concerning patient care or dentistry. This remains with the Professional as part of the Professional's practice. The Professional fully indemnifies 1 World Home Care, LLC against any and all liability and responsibility associated with his or her professional duties. The Professional maintains his or her license as required by law, professional liability coverage and other responsibilities as found under state prime contract law.

I HAVE READ THE AND FULLY UNDERSTAND THE ABOVE INFORMATION.

Applicant Signature _____ Date _____

**Office use only:*

References Checked _____ Date of Hire: _____ Position: _____

Hourly Rate: _____ remarks: _____

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Application**

| |
|---|
| DPS COMPUTERIZED CRIMINAL HISTORY (CCH) VERIFICATION |
|---|

I, _____, have been notified that a computerized criminal
APPLICANT or EMPLOYEE NAME (Please print)
history (CCH) verification check will be performed by accessing the Texas Department of Public Safety
Secure Website and will be based on name and DOB information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss M information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

| | | |
|---|---------------|-------------|
| <i>Check and Initial each Applicable Space</i> | | |
| CCH Report Printed: | | |
| ___ Yes | ___ No | ___ Initial |
| Purpose of CCH: | | |
| ___ Yes | ___ No | ___ Initial |
| ___ Hire | ___ Not Hired | ___ Initial |
| Date Printed: _____ | | ___ Initial |
| Destroyed Date: _____ | | |
| Initial: _____ | | |
| RETAIN IN YOUR FILES | | |